Testimony of Hartford HealthCare

Submitted to the Public Health Committee

March 11, 2015

SB 800 An Act Concerning a Municipal Pilot Program Allowing Emergency Medical Services Personnel to Provide Community-Based Paramedicine.

My name is Raffaella Coler and I work for Hartford Hospital, a Hartford HealthCare affiliate, in the role of Director for EMS Education. I am a Registered Nurse, Paramedic with 35 years of experience. I have been an active participant in the State of CT EMS Medical Advisory Board, serving as a Governor's appointee.

I am supportive of the concept outlined in SB 800, community paramedicine or "Mobile Integrated Healthcare" (MIH) as it is commonly known. MIH has been trialed nationally. It has been shown to have a positive impact on the healthcare systems where programs have been implemented. In model programs around the country, local EMS systems have successfully partnered with other allied health or social services providers to address patient needs in a more holistic fashion.

Two of the points that I would like to note in which there has been documented success are:

Reducing preventable hospital visits –

Presently the most utilized option when accessing emergency care is the activation of the 9-1-1 system. The current Regulations in the State of CT gives our EMS providers only two options, either transporting to an Emergency Department or having the patient remain at home with a signed refusal of care. MIH providers would have the ability to direct patients with ongoing healthcare needs to the most appropriate healthcare resource. This intervention would allow for reduction in hospital admissions and readmissions, therefore reducing costs to the healthcare system.

Reduction of high volume use of 911 by individuals for low acuity complaints –

Presently healthcare systems have individuals who use the 9-1-1- system as a means of transport on a regular basis for low acuity complaints or on-going medical conditions that could otherwise be addressed in a setting other than Emergency Departments. MIH providers would be allowed to navigate patients to alternative healthcare delivery systems such as a clinic or a doctor's office. Advice in collaboration of approved protocols can be provided and patients are given the support and care they need without the perception that 9-1-1 is their only option. This intervention would improve resources and reduce cost of 9-1-1 services.

A well planned MIH program could ultimately improve healthcare for our citizens and reduce costs by utilizing already existing services and resources more effectively and efficiently.

In this current environment we have to be flexible and consider alternative options in the delivery of care. Our Paramedics are skilled in assessment, applying critical decision-making skills and directing plan of care. They are available in the community 24 hours a day and are willing to adapt their profession as a part of community outreach and wellness programs.

Support of this concept would empower Connecticut EMS providers to explore other available resources, keeping in mind not to duplicate efforts, and potentially improving our overall healthcare delivery system both by patient outcomes and cost.

Thank you for the opportunity to share my thoughts.